




DEPARTMENT OF THE ARMY
WASHINGTON DC 20310-0200

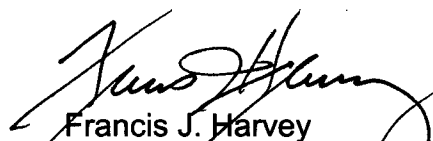
JAN 23 2006

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Post-Deployment Health Reassessment

1. On 10 March 2005, the Assistant Secretary of Defense for Health Affairs directed an extension of the current deployment health assessment program to provide a Post-Deployment Health Reassessment (PDHRA) of global health, three to six months post-deployment. This unprecedented program will address the deployment-related physical and mental health needs of our Soldiers. The program follows the currently mandated Post-Deployment Health Assessment (PDHA) program that is administered to Soldiers immediately after redeployment.
2. This memorandum announces the Army-wide implementation of a Post-Deployment Health Reassessment commencing on 16 January 2006 for all eligible Soldiers as detailed in the US Army PDHRA Implementation Plan.
3. The PDHRA screening will be completed three to six months post-deployment for all eligible active and reserve component Soldiers deployed to a combat zone; or to members of either component three to six months after discharge from a medical treatment facility as an inpatient if evacuated from a combat zone; or three to six months from the date of medical evacuation from a combat zone if never an inpatient.
4. The PDHRA is a commander's program. Commanders must ensure the complete redeployment processing of their personnel in order to facilitate a smooth post-deployment transition for each Soldier. With research showing that deployment health concerns often evolve over time, the PDHRA will provide returning Soldiers the opportunity to discuss any deployment-related health concerns with a health care provider.


Peter J. Schoomaker
General, United States Army
Chief of Staff


Francis J. Harvey
Secretary of the Army

SUBJECT: Post-Deployment Health Reassessment

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SUBJECT: Post-Deployment Health Reassessment

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DEPARTMENT OF THE ARMY
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MANPOWER AND RESERVE AFFAIRS
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WASHINGTON, DC 20310-0111

JAN 23 2006

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Post Deployment Health Reassessment

1. References:

- a. DoD Instruction 6490.3 "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997.
- b. 10 USC 1074f, "Medical tracking system for members deployed overseas," November 18, 1997.
- c. Joint Chief of Staff Memorandum, Subject: Updated Procedures for Deployment Health Surveillance and Readiness, February 1, 2002 (MCM-0006-02).
- d. Under Secretary of Defense (Personnel & Readiness) Memorandum, Subject: Enhanced Post-Deployment Health Assessments, April 22, 2003.
- e. Deployment Cycle Support (DCS) CONPLAN, 2 May 2003.
- f. ASD(HA) Memorandum, Subject: Policy for Department of Defense Deployment Health Quality Assurance Program, January 9, 2004.
- g. ASD(HA) Memorandum, Subject: Automation of Pre- and Post-Deployment Health Assessment Forms, May 31, 2004.
- h. ASD(HA) Memorandum, Subject: Post-Deployment Health Reassessment (PDHRA), dated March 10, 2005.
- i. U.S. Army Post Deployment Health Reassessment (PDHRA) Implementation Plan, September 2005.

2. This memorandum approves the Army-wide implementation of a Post-Deployment Health Reassessment (PDHRA) for all eligible soldiers as detailed in the attached U.S. Army PDHRA Implementation Plan.

3. The PDHRA program will ensure early identification and treatment of emerging mental health and other deployment-related health concerns. The program follows the currently mandated Post-Deployment Health Assessment


SUBJECT: Post Deployment Health Reassessment

(PDHA) program that is administered to Soldiers immediately after a redeployment.

4. A PDHRA screening will be completed three to six months post-deployment to all eligible active component (AC) Soldiers and reserve component (RC) Soldiers deployed to a combat zone; or to members of either component three to six months after discharge from a medical treatment facility as an inpatient if evacuated from a combat zone, or three to six months from the date of medical evacuation from a combat zone if never an inpatient.

5. The Army's PDHRA program is currently underway with pilot programs scheduled this fall for both the active component and reserve component. All Army commands will begin planning immediately for Army-wide PDHRA program implementation in accordance with this plan. Full implementation will begin in January 2006.

6. LTC Rhonda Earls, Assistant Deputy for Health Policy, Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs), is the point of contact. She can be reached at (703) 697-1482, or via e-mail at Rhonda.Earls@hqda.army.mil.



Daniel B. Denning
Principal Deputy Assistant Secretary
(Manpower and Reserve Affairs)

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SUBJECT: Post Deployment Health Reassessment—ACTION MEMORANDUM

Chief of Legislative Liaison
Chief of Public Affairs
Director, Small and Disadvantaged Business Utilization
Director of the Army Staff
Deputy Chief of Staff, G-1
Deputy Chief of Staff, G-2
Deputy Chief of Staff, G-3
Deputy Chief of Staff, G-4
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US Army Military Entrance Processing Command
US Army Human Resources Command

Superintendent, U.S. Military Academy

U.S. ARMY POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) IMPLEMENTATION PLAN

References

- a. DoD Instruction 6490.3 "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997
- b. 10 USC 1074f, "Medical tracking system for members deployed overseas," November 18, 1997
- c. Joint Chief of Staff Memorandum, Subject: Updated Procedures for Deployment Health Surveillance and Readiness, February 1, 2002 (MCM-0006-02)
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- g. ASD(HA) Memorandum, Subject: Automation of Pre- and Post-Deployment Health Assessment Forms, May 31, 2004.
- h. ASD(HA) Memorandum, Subject: Post-Deployment Health Reassessment (PDHRA), dated March 10, 2005.

1. Situation.

a. On March 10, 2005, the Assistant Secretary of Defense for Health Affairs directed an extension of the current Post-Deployment Health Assessment (PDHA) program to provide a Post-Deployment Health Reassessment (PDHRA) of global health with a specific emphasis on mental health, three to six months post-deployment. Recent field research indicates that health concerns, particularly those involving mental health, are more frequently identified several months following return from an operational deployment. The PDHRA program will ensure early identification and treatment of emerging mental health and other deployment-related health concerns. The program follows the currently mandated PDHA program which is administered to Soldiers immediately after a redeployment.

b. A PDHRA screening will be completed three to six months post deployment to all eligible active component (AC) Soldiers and reserve component

(RC) Soldiers deployed to a combat zone; or to members of either component three to six months after discharge from a medical treatment facility as an inpatient if evacuated from a combat zone, or three to six months from the date of medical evacuation from a combat zone if never an inpatient. The PDHRA form is found at Annex A.

c. The PDHRA screening process will be incorporated into the Deployment Cycle Support (DCS) Program as one of the tasks in the Reconstitution Phase. (Phase III). Completing the PDHRA screening process will be a command responsibility at all levels.

d. The PDHRA screening process will be administered to all eligible Soldiers who have redeployed from a combat zone on or after 10 March 2005. These Soldiers are in the Tier 1 category of eligible Soldiers. They must complete the PDHRA. Additionally, Soldiers who redeployed between September 11, 2001 and 9 March 2005 will be afforded the opportunity to complete the PDHRA if they desire. These Soldiers are in the Tier 2 category of eligible Soldiers. Completion of the PDHRA for Soldiers in the Tier 2 category is voluntary. The Army's target date to begin implementation of the PDHRA screening process at selected pilot sites is 1 September 2005 for the active component and 1 November 2005 for the reserve component.

2. Task Organization and Responsibilities.

a. Assistant Secretary of Defense for Health Affairs (OSD-HA).

Establishes Department of Defense policy for each military department service's administration of the PDHRA program.

b. The **Secretary of the Army** designates the **Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA M&RA)** as the executive office providing Department policy oversight over the Army's PDHRA program. ASA M&RA will:

(1) Coordinate to fund necessary and appropriate technical support to both the Active Component and the Reserve Components (RC) in order to accomplish the PDHRA screening process.

(2) Coordinate to insure that any contract for PDHRA technical support to the RC is able to meet the requirement for multiple teams at multiple sites simultaneously.

(3) Coordinate to provide funding for increased health care requirements through the Military Medical Support Office (MMSO) for reservists requiring healthcare identified through the PDHRA tool.

(4) Coordinate to provide appropriate referral guidance for probable healthcare problems identified by the PDHRA screening process. This guidance will include information on the who, what, when, where, how for: MMSO, TRICARE, and the Veterans Health Administration (VHA).

c. Deputy Chief of Staff, Army G-1.

(1) Provide policy guidance for incorporating the PDHRA screening process into the Deployment Cycle Support (DCS) Program. The guidance should be specific enough to ensure that all RC and AC personnel meeting the criteria for a PDHRA screening will complete it.

(2) Provide policy guidance with a Department of the Army-level message that specifically addresses Line of Duty requirements and procedures for Reserve Component soldiers in order to ensure access to appropriate healthcare through the Military Medical Support Office (MMSO), and establish service connectivity for care from the Veterans Health Administration (VHA).

(3) Assist the OTSG and MEDCOM with staff assistance visits.

d. Office of the Surgeon General/US Medical Command (OTSG/MEDCOM).

(1) Coordinate all medical policy and support associated with the PDHRA screening process, to include electronic documentation in the Defense Medical Surveillance System (DMSS) and MEDCOM Medical Protection System (MEDPROS) and execution of screening, evaluation, treatment, case management, tracking and program evaluation. In coordination with Human Resources Command and component commanders, develop procedures that provide visibility and accountability of personnel medically evacuated to both deployed combat units and to Home Station rear detachments.

(2) In coordination with OSD-HA, develop and coordinate PDHRA training, educational and outreach materials for the following targeted groups:

- Soldiers who will complete the PDHRA process
- Clinicians who screen Soldiers
- Unit Leaders and leadership at all levels

Assure appropriate placement of training materials on the AKO web-site and/or other readily available sites for the widest dissemination of information.

(3) Ensure that all Soldiers in Medical Hold who meet the requirement for a PDHRA screening complete it.

(4) Implement procedures to begin administering a PDHRA screening as part of separation physicals to eligible Soldiers separating from the service who are required to complete it and have not done so.

(5) Coordinate for the access of the PDHRA form on Army Knowledge On Line (AKO) and/or another web-based server if needed for separated soldiers without AKO accounts.

(6) Develop, produce and post on AKO information materials for unit commanders to increase understanding and awareness of the PDHRA process.

(7) Establish a capability to screen small numbers of eligible Soldiers at MTFs on an appointment or walk-in basis. This capability is necessary to complete eligible Soldiers who do not do a PDHRA screening with a unit.

(8) Conduct staff assistance visits with support from G-1, The Office of the Chief of the Army Reserve (OCAR), The National Guard Bureau (NGB), the Installation Management Agency (IMA) and United States Army Forces Command as appropriate.

e. United States Army Forces Command (FORSCOM).

(1) Plan, implement and execute the PDHRA screening process for all FORSCOM units. Identify at least one AC brigade-size unit and one ARNG brigade-size unit, and one USAR battalion-size unit for a phased implementation of the PDHRA program to begin the PDHRA screening process on 1 September 2005 for the active component, and on 1 November 2005 for the Reserve Component, or as soon practical after that as clinical resources become available.

(2) Ensure that all Community Based Healthcare Organization (CBHCO) assigned Soldiers who are required to complete a PDHRA screening complete it three to six months after discharge from a medical treatment facility as an inpatient, or from medical evacuation from theater if never an inpatient, or three to six months post deployment if not medically evacuated.

(3) Establish reporting procedures and monitor and track compliance of all subordinate AC, RC and ARNG units for completion of the PDHRA screening process.

(4) Assist the OTSG and MEDCOM with staff assistance visits.

f. Assistant Chief of Staff, Installation Management (ACSIM)/Installation Management Agency (IMA).

(1) Coordinate support at Army posts conducting PDHRA screenings to ensure that all installation support requirements are identified and resolved. These support requirements are similar to what is currently required for Soldier Readiness Processing (SRP) sites and include, but are not limited to, facility space, automation equipment, etc.

(2) Responsible for ensuring all Medical Holdover (MHO) Soldiers assigned to IMA installations or Medical Retention Processing Units (MRPU), on current Medical Retention Processing (MRP) orders, complete a PDHRA screening

three to six months after discharge from a medical treatment facility as an inpatient, or from medical evacuation from theater if never an inpatient, or three to six months post deployment if not medically evacuated.

- (3) Assist the OTSG and MEDCOM with staff assistance visits.

g. Director, Army National Guard (DARNG).

- (1) In coordination with FORSCOM, the Army G-1 and the OTSG, establish plans, policies, and programs to ensure that all ARNG Soldiers that meet the eligibility criteria for a PDHRA screening will complete it.

- (2) In coordination with FORSCOM, provide one ARNG brigade-size unit for a phased implementation PDHRA pilot program to begin on 1 November 2005, or as soon as practical thereafter.

- (3) Establish reporting procedures, and monitor and track compliance of all subordinate units for completion of the PDHRA screening process.

- (4) Offer ARNG Soldiers requiring evaluation or treatment as a result of the PDHRA screening process the option of receiving care at a military treatment facility, using their TRICARE benefit, or receiving treatment at a VA health facility depending upon their eligibility at the time of the screening. Educate Soldiers on the available benefits. Ensure that a Line of Duty (LOD) report is completed as required per the Department of the Army G-1 message on PDHRA LODs. Treatment will be offered commensurate with eligibility requirements.

- (5) Assist the OTSG and MEDCOM with staff assistance visits.

h. Chief, Army Reserves (CAR).

- (1) In coordination with FORSCOM, the Army G-1 and the OTSG, establish plans, policies, and programs to ensure that all USAR personnel mobilized that meet the criteria for the PDHRA screening complete it. Individual Ready Reserve Soldiers who were fillers or replacements for Army National Guard units or USAR TPU units will be tracked by Human Resources Command-St. Louis.

- (2) In coordination with FORSCOM, provide one USAR battalion-size unit for a phased implementation PDHRA pilot program to begin on 1 November 2005, or as soon as practical thereafter.

- (3) Establish reporting procedures, and monitor and track compliance of all subordinate units for completion of the PDHRA screening process.

(4) Offer USAR soldiers requiring evaluation or treatment as a result of the PDHRA screening process the option of receiving care at a Military Treatment Facility, using their TRICARE benefit, or receiving treatment at a VA health facility depending upon their eligibility at the time of the screening. Educate Soldiers on the available benefits. Ensure that a Line of Duty (LOD) report is completed as required per the Department of the Army G-1 message on PDHRA LODs. Treatment will be offered commensurate with eligibility requirements.

(5) Assist the OTSG and MEDCOM with staff assistance visits.

i. Human Resources Command-Alexandria.

(1) In coordination with the Defense Manpower Data Center (DMDC), identify Soldiers by name who meet the eligibility criteria for a PDHRA screening. Develop lists, as appropriate, for use by commanders to identify Soldiers who need to complete a PDHRA screening.

(2) In coordination with OTSG and MEDCOM, develop measures to record completion of the PDHRA screening process in the personnel records of all eligible Soldiers utilizing the MEDPROS system.

(3) Notify active Soldiers who returned from combat deployments between 11 September 2001 and 9 March 2005 and inform them of the opportunity to complete the PDHRA screening process. This notification will provide them information on how they can voluntarily complete the PDHRA form at a Military Treatment Facility, or with a unit scheduled for a PDHRA screening.

j. Human Resources Command-St. Louis (HRC-STL).

(1) Track PDHRA completion for eligible Individual Ready Reserve (IRR) Soldiers, Individual Mobilization Augmentation (IMA) Soldiers, USAR Troop Program Unit (TPU) Soldiers who deployed with another unit, and Retiree Recall Soldiers. This responsibility includes notifying them to attend a PDHRA screening offered at a site within their state or region, or, as an alternative, offering them the option of completing the PDHRA form on-line, or by phone, with a follow-up screening assessment done in either case by a health care professional telephonically from a call center.

(2) Contact eligible former Soldiers who have retired, ETS'd or been discharged from the Army and offer them the opportunity to complete the PDHRA screening process. This notification will provide them information on how they can voluntarily complete the PDHRA form on-line, or by phone, with a follow-up screening assessment done in either case by a health care professional from the PDHRA call center. This requirement is for Soldiers who have already separated and were deployed to a combat zone after 11 September 2001. In the future,

commanders will take action to ensure that separating Soldiers that meet the criteria complete the PDHRA screening process before their discharge. This correspondence will provide them information on how they can voluntarily complete the PDHRA form on-line, or by phone, with a follow-up screening assessment done in either case by a health care professional from a call center.

k. **Physical Disability Agency.** Responsible for ensuring timely processing through the physical disability process. Develop an expansion plan for the potential increase in Soldiers going through the Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) process due to identification of medical issues as a result of the PDHRA process.

l. All Major Army Commands (MACOMs).

(1) Develop supporting plans to execute implementation of the PDHRA screening process for redeploying units in accordance with this plan.

(2) Monitor and track compliance of all subordinate units for completion of the PDHRA screening process.

(3) Ensure that all Soldiers that meet the criteria for a PDHRA screening who are ETSing or retiring from the Army complete it as part of their separation physical, if needed.

m. Unit Commanders.

(1) Ensure that all assigned Soldiers that meet the criteria for a PDHRA screening, regardless of component, complete it.

(2) Ensure that all assigned Soldiers who are ETSing or retiring from the Army that meet the criteria for a PDHRA screening complete it as part of their separation physical, if not done so prior.

(3) Collect and report data as directed on your unit's progress toward achieving 100% compliance of completing the PDHRA screening process for all Soldiers who must complete it.

3. Mission. Provide a PDHRA screening three to six months post deployment to all active component (AC) Soldiers and reserve component (RC) Soldiers deployed to a combat zone; and to members of either component evacuated from a combat zone three to six months after discharge from a medical treatment facility as an inpatient, or three to six months from the date of medical evacuation from the combat zone if never an inpatient. Administer a PDHRA screening to all eligible Soldiers who have redeployed from a combat zone retroactive to 10 March 2005. Notify all eligible Soldiers who redeployed from a combat zone between 11 September 2001 and 9 March 2005 and offer them the opportunity to complete it.

4. Concept.

a. Intent. Our Soldiers have surpassed the levels of excellence demanded from them as they serve our country. We have placed tremendous physical and mental stress on them and want to ensure that we provide for the early identification and treatment of emerging deployment-related health concerns. The PDHRA screening process is part of the DCS Program and as such, it is the commander's responsibility to ensure that all Soldiers who meet the criteria complete the PDHRA screening process.

The purpose of the PDHRA program is to educate Soldiers about the normal reactions to abnormal situations that they may be experiencing, to encourage honest and full disclosure, to try to provide the healthcare that each Soldier needs and deserves, and to ensure the physical and mental readiness of the force.

Completion of the PDHRA process consists of receiving training about the PDHRA program and filling out the demographic information on the PDHRA form. Commanders are responsible for ensuring that Soldiers complete the PDHRA screening process. However, commanders are **not** responsible for ensuring that Soldiers answer all of the questions on the PDHRA form. Each Soldiers' replies on the form are voluntary and confidential.

The PDHRA program is a medical assessment and the answers given are privileged information. Release of this information to parties that do not have a medical need to know constitutes a violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

It is imperative that the PDHRA screening process is conducted in a professional, caring manner to ensure that Soldiers feel comfortable fully disclosing their physical and mental health issues.

b. General Guidance.

(1) This is a commander's program. Every commander must track the completion status of each Soldier who meets the eligibility criteria. The US Army MEDCOM MEDPROS medical readiness database will be used by Army commanders to track both individual and unit PDHRA status.

(2) The PDHRA screening process consists of the following main components: soldier information training; form completion and a screening assessment by a primary care provider who is a nurse practitioner, physician's assistant, physician or other qualified health care professional; disposition; post-PDHRA education; and case management as necessary. A step-by-step process is detailed in Annex B.

(3) The assessment screening will be conducted in a face-to-face interview by a primary care provider who is a nurse practitioner, physician's assistant, physician or other qualified health care professional for all Soldiers except where not practical to do so. DoD Health Affairs will develop the On-Line form for Soldiers and providers and ensure that the information can be transmitted to AMSA. The Joint Medical Information Systems Office will implement access to the Soldier form and data entry for the provider form in the Composite Health Care System II (CHCSII). When a face-to-face interview is not practical, screening assessments will be conducted by primary care providers over the telephone.

(4) The PDHRA screening form will be automated. A copy will be forwarded to the Army Medical Surveillance System (AMSA) and archived in the Defense Medical Surveillance System (DMSS). AMSA will electronically transfer the necessary fields (Name, SSN, Date, UIC, etc.) to MEDCOM MEDPROS for integration in the Army's medical readiness database for all commanders' visibility and tracking assistance. MEDPROS will notify Soldiers of their PDHRA status and delinquency through the "My Medical Readiness" Portal in their AKO accounts. In those cases where the form is not completed on-line due to lack of access to on-line resources, the form will be completed either with a store and forward information technology solution, or by utilizing the PDHRA Call Center as circumstances allow. Upon completion of the assessment screening, the form will be submitted electronically by the screener.

C. Implementation Guidance:

(1) The Army will begin implementation of the PDHRA screening process on 1 September 2005, or as soon as practical thereafter, as on-the-ground clinical resources for this new mission requirement become available. Each component will plan for a phased implementation of the PDHRA screening process. Priority will be given to scheduling recently redeployed troop units that will be in the three to six month redeployment window in September 2005. At a minimum, 1 AC brigade-size unit, 1 ARNG brigade-size unit and 1 USAR battalion-size unit, will be identified for immediate implementation as pilot programs for the PDHRA process. Immediately upon completion of the pilot program, the Army will begin PDHRA implementation for all Tier 1 eligible Soldiers, defined as those Soldiers who have redeployed from a combat zone on or after March 10, 2005. Subordinate commands will prioritize units that are in the 90-180 day redeployment eligibility window in order to allow for PDHRA screening process completion for the highest density of eligible Soldiers while these units are still filled with many Soldiers who participated in the recent combat deployment. Soldiers in the Tier 2 population, defined as any Soldier who redeployed between September 11, 2001 and March 9, 2005, will be afforded the opportunity to complete the PDHRA. These Soldiers will be able to complete the PDHRA if they are assigned to a unit that is scheduled for a PDHRA, by appointment or walk-in at a military treatment facility, or on line via the PDHRA link on Army Knowledge On Line, with a follow-up interview provided by a provider working at the PDHRA call center.

(2) Eligible Soldiers, regardless of component, will complete the Soldier portion of the form on-line through either Army Knowledge On-line (AKO) or direct access to the PDHealth server. Soldiers with Active AKO accounts will access the AKO PDHRA site for current information, training and updates on the PDHRA program. Components will designate a POC to maintain specific information on the AKO PDHRA site. Ideally, the PDHRA screening process must be completed between three and six months after redeployment from the combat zone, or within three to six months after discharge from a medical treatment facility as an inpatient, or after medical evacuation from theater if never an inpatient. The following procedures will be followed to ensure that eligible Soldiers from every component complete the PDHRA:

(a) AC Soldiers still with the same unit after redeployment will complete the PDHRA screening process at their home station as part of a scheduled DCS unit-level event.

(b) AC Soldiers assigned to new units since their redeployment will be identified and scheduled for the PDHRA by their new unit commanders using resources available at that particular duty station, to include completing it with another unit, or in a scheduled appointment at a military treatment facility. In those cases when an AC Soldier is unable to complete the PDHRA screening process with a unit at an established site, or at a military treatment facility, he or she may be afforded the opportunity to complete the process on-line with a follow-on screening completed by a health care professional via phone from an established PDHRA call center.

(c) ARNG component Soldiers who deployed with their respective units will complete the PDHRA screening process with their units at PDHRA sites set-up by their respective state and territorial Guard Bureaus. In those cases when an ARNG Soldier is unable to complete the PDHRA screening process with a unit at an established site, he or she will be afforded the opportunity to complete the process on-line, or by phone, with a follow-on screening completed by a health care professional via phone from an established PDHRA call center.

(d) USAR Soldiers, to include IMA and IRR soldiers, who deployed with a unit will be provided the opportunity to complete the PDHRA screening process with that unit if scheduled during a battle assembly for the purpose of completing the PDHRA as coordinated through the Regional Readiness Commands, or will complete the PDHRA screening process on-line, or by phone, with a follow-on screening completed by a health care professional via phone from an established PDHRA call center.

(e) Eligible separated Soldiers, to include retirees and ETS Soldiers, will complete the PDHRA screening process on a voluntary basis on-line, or by phone,

with a follow-on screening completed by a health care professional via phone from an established PDHRA call center.

5. Process.

a. Applicability. All AC Soldiers and RC Soldiers deployed to a combat zone will complete a PDHRA screening three to six months after redeployment. Also, all members of either component evacuated from a combat zone will complete a PDHRA screening three to six months after discharge from a medical treatment facility as an inpatient, or three to six months from the date of medical evacuation from a combat zone if never an inpatient. This eligibility criteria is retroactive to 10 March 2005. All soldiers who meet the eligibility criteria of a redeployment on or after 10 March 2005 are considered in the Tier 1 category of eligible Soldiers and must complete a PDHRA screening. Soldiers who returned from combat deployments between 11 September 2001 and 9 March 2005 are in the Tier 2 category of eligible Soldiers. These Soldiers will be afforded the opportunity to complete the PDHRA if they desire.

b. The PDHRA screening process is part of the DCS Program, and as such, it is the commander's responsibility to ensure that all eligible Soldiers requiring a PDHRA screening complete the process in the appropriate time frame. Commanders will be provided rosters of soldiers requiring a PDHRA screening via the MEDPROS system.

c. In conjunction with the PDHRA screening process, all Soldiers will be informed on why they are completing it. These reasons include, but are not limited to, an opportunity to document environmental exposures and other deployment medical issues in their record; the signs and symptoms that many Soldiers experience after being deployed; how to recognize these signs and symptoms of needing assistance in themselves and each other; and that there are resources available to assist them. These information sessions will be done on site whenever possible. Additionally, this information will be available on line as a first step prior to filling out the form for those Soldiers not completing the form at a designated PDHRA site where the information video is available. All information on the Army PDHRA Program will be available on the AKO PDHRA site.

d. Each eligible Soldier will complete the electronic PDHRA form. Completion of the demographics section of the PDHRA form followed by an interview with a qualified health care professional constitutes fulfillment of the PDHRA requirement, since health disclosure is voluntary. If a Soldier checks the appropriate boxes on the PDHRA form, the healthcare provider will check the appropriate box in the "Assessment and Referral" section, items # 5 and 6, provide comments in #7, and include the HCP name and signature in #8. The PDHRA screening is a healthcare encounter. Therefore, each Soldier has the right to patient confidentiality. There will

be no negative consequences for Soldiers who decline to answer medical questions on the PDHRA form.

e. **Assessment (PDHRA).** A primary care provider who is a nurse practitioner, physician's assistant or physician will review and discuss each Soldier's answers individually with the Soldier. This interview will be conducted face-to-face whenever possible. To the extent possible, this interview will occur in an established clinical setting where patient privacy and clinical referrals are optimally addressed as part of existing clinical procedures. For those Soldiers unable to complete the screening on site, this screening assessment may occur via the telephone from a health care professional working at a PDHRA Call Center.

f. **Disposition.** The health care professional conducting the screening assessment will determine one of three dispositions for each Soldier:

- (1) immediate medical referral for an urgent medical concern,
- (2) non-immediate referral to a primary care provider, to a behavioral health provider, or other non-clinical sources of support, or
- (3) no referral is necessary at that time.

g. Immediate medical referrals will be made in accordance with locally established procedures. All Soldiers requiring immediate referral will be tracked by case management.

h. Soldiers requiring non-immediate referral to primary care or behavioral health will receive an appointment for evaluation or information on how to obtain the appointment. These Soldiers will be case managed to ensure that they were able to access the desired referred healthcare.

i. **Post-PDHRA Information.** Soldiers who require non-immediate referral for healthcare, or who do not require referral for healthcare, will be provided with information about how to obtain healthcare for deployment related concerns and important contact information for agencies that can provide assistance (Military One Source, VA, or TRICARE). Soldiers who receive an immediate referral for emergency care will receive this information from their case manager.

j. **Case management.** Case management will be provided to all Soldiers who are referred for treatment after evaluation.

k. IRR and IMA Soldiers, as well as USAR TPU Soldiers who deployed with other units will have their PDHRA screening assessment in a face-to-face encounter if possible at a PDHRA processing site whenever possible, or via the telephone call center when not possible. These Soldiers will be tracked by HRC-St. Louis. HRC-

St. Louis is responsible for ensuring completion of the PDHRA screening process for this population of Soldiers.

I. For eligible Soldiers who have retired, ETS'd or been discharged from the Army, the Human Resources Command-St. Louis will contact them via direct letter and offer them the opportunity to complete the PDHRA screening process. This requirement is primarily for Soldiers who have already separated. In the future, units will take action to ensure that separating Soldiers that meet the criteria complete the PDHRA screening process before their discharge. This measure will ensure that this population category becomes very small in the years ahead.

6. Support.

a. Funding. To every extent possible, PDHRA screening will be accomplished using existing resources, infrastructure, and staffing. Agencies, commands, and HQDA Staff will track the costs of this program as a GWOT expense IAW HQDA GWOT funding guidance. The incremental cost of this requirement will be supported through supplemental funding and combined MACOM offsets. The Army Medical Command (MEDCOM) will prepare and submit the supplemental funding request for Defense Health Program (DHP) requirements. Funding requests for non-DHP requirements will be submitted through MACOMs to Army M&RA. Army M&RA will submit a consolidated requirement to SAFM-BUC-I for inclusion in Army's supplemental funding request.

b. Staff Assistance Visits. The OTSG and MEDCOM are responsible for leading, scheduling, and coordinating staff assistance visits. Staff assistance visits will be scheduled for all 3 components within the first two months of program execution.

c. Program Evaluation and Quality Assurance. Program evaluation requirements will be developed by the OTSG and MEDCOM to facilitate the process of ensuring that deployment related health concerns are adequately and appropriately addressed. The program evaluation will include, at a minimum, output measurements such as the percentages of Soldiers by category who require a PDHRA screening who have completed it. Additionally, OTSG and MEDCOM will identify and collect other statistical data on Soldier wellness to determine any positive trends in Soldier wellness pre-PDHRA and post-PDHRA, as well as collect and evaluate data on Soldiers referred for treatment.

d. Information Technology. Information systems required to implement the PDHRA process are currently under development. This development includes hardware and software that will provide for individual tracking of all Soldiers, regardless of component, electronic access to the form for healthcare providers and Soldiers, and electronic archiving of clinical data. At local PDHRA screening sites, units will utilize pre-existing computer systems, or contractor provided systems, to

complete the PDHRA process for both the eligible Soldiers and the health care providers.

e. **Training for Health Care Providers.** Standardized comprehensive training for all personnel working to provide care for or in support of the PDHRA screening program will be available. This training will include, but is not limited to, identifying the various reactions and signs or symptoms that Soldiers may exhibit or want to discuss which are normal reactions to abnormal situations, treatment for these reactions, signs or symptoms, and the importance of utilizing empathy and compassion to create an environment that will allow Soldiers to feel comfortable to fully disclose issues.

f. **Training for Soldiers and the Chain of Command.** An information video will be available, as well as supporting literature, that informs Soldiers and the chain of command of the reason and importance of the PDHRA program. This information will include, but will not be limited to, why they are doing a PDHRA screening; how it is an opportunity to document environmental exposures and other deployment medical issues in their records; how it will help identify signs and symptoms that some Soldiers experience after being deployed; how to recognize these signs and symptoms in themselves and others; and detail the resources that are available to assist them.

g. **Medical Support.** Military treatment facilities will establish a capability to screen small numbers of active duty Soldiers on an appointment basis who do not do a PDHRA screening with a unit. Additionally, military treatment facilities will be primarily responsible for conducting evaluation and treatment for those active duty Soldiers identified as needing follow-up evaluation and/or treatment. Additionally, the TRICARE network and the Veterans Administration (VA) health network will support the needs of active component (AC) Soldiers in remote locations, and reserve component (RC) Soldiers, as well as separated retired Soldiers, based on their eligibility, that are referred for evaluation and/or treatment as a result of completing the PDHRA screening process. The Office of the Assistant Secretary of Defense for Health Affairs is currently negotiating a Memorandum of Agreement with the VA for follow-up care for eligible PDHRA participants, as well as negotiating a contract with Federal Occupational Health (FOH) personnel for staffing to assist with the PDHRA screening process at a national call center and with mobile PDHRA screening teams. Military treatment facilities will also be permitted to hire additional contracted staff to assist with the PDHRA program with local contracts as funds become available.

h. **Spiritual Support.** Soldiers who express concerns about spiritual issues should be referred to Unit Chaplains and Family Life Chaplains.

i. **Potential for Recall to Active Duty.** As a result of completing the PDHRA screening process, some RC Soldiers may be eligible to be voluntarily recalled to active duty for medical treatment and/or processing under the Medical Retention

Processing 2 (MRP2) program. Eligibility for MRP2 is determined based on existing regulations and policies. Based on board determinations, there is potential for an increase in the number of Soldiers that return to active duty to receive health care via the direct healthcare system. Consequently, this may increase the Medical Holdover and/or the Community Based Healthcare Organization population, which would increase the need for facilities, billeting, command and control personnel, and case management personnel. The results of the MRP2 board processes will be coordinated with the Installation Management Agency to ensure the most efficient utilization of garrison resources. Local commanders and responsible administrators must anticipate and plan to accommodate this potential increase in personnel recalled to active duty.

j. **Public Affairs.** In addition to chain of command or direct mailing notifications to eligible PDHRA participants, the Army will develop a Strategic Communications Plan that conveys the Army's health care message to Soldiers, their families, the American public, the media and political leaders. This plan will also be consistent with the Department of Defense's PDHRA Strategic Communications Plan. Subordinate commands will develop local strategic communications plans that are consistent with the Army-level message.

ANNEXES:

ANNEX A ARMY POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)
DD Form 2900

ANNEX B ARMY POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)
STEP-BY-STEP PROCESS

ANNEX C ARMY POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)
EDUCATIONAL MATERIALS (TBP)

**(ANNEX B) ARMY POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)
IMPLEMENTATION PLAN FOR SOLDIERS: STEP-BY-STEP PROCESS**

PDHRA Step-By-Step Process: Health Care Professional On Site

- Step 1: Soldiers receives a PDHRA orientation and information.
- Step 2: Soldier logs on to the AKO Website to complete the form at an automated station.
- Step 3: Soldier's personalized administrative data is filled in.
- Step 4: Soldier answers questions as desired then submits the form electronically.
- Step 5: Soldier proceeds to the medical professional interview station.
- Step 6: Medical professional accesses the form electronically, reviews the soldier's input, and then completes and inputs the assessment questions in a face-to-face interview.
- Step 7: Medical professional electronically submits the form and prints out a copy for the Soldier's medical records. This form will be loaded into MEDPROS.
- Step 8: Soldiers identified for follow-up evaluation or treatment are referred as necessary. Ideally, appointments are made on site and given to the Soldier prior to departure.

PDHRA Step-By-Step Process: Soldier Off Site

- Step 1: Soldier logs onto the AKO website or clicks the link to the PDHRA site. If web access is unavailable, the Soldier calls a given number and completes the form over the phone with a Call Center operator inputting the responses.
- Step 2: Soldier receives a PDHRA orientation and information online, or over the phone in an information briefing by a Call Center operator, as appropriate.
- Step 3: Soldier accesses the PDHRA form and fills in the administrative data.
- Step 4: Soldier completes the PDHRA form online, or with the assistance of the Call Center, and answers questions as desired.
- Step 5: Soldier submits the form electronically.
- Step 6: Medical professional accesses the form electronically and either calls, or is called by the Soldier, depending on the circumstances to discuss the Soldier's input, and then completes and inputs the assessment questions.
- Step 7: Medical professional prints out a copy to be mailed into the Soldier's medical records. This form will loaded into MEDPROS.
- Step 8: Soldiers identified for follow-up treatment are referred as necessary.